14	Authorized by (Name/Title):	Division of Learning Services		<b>Date:</b> July 8, 2016			
14	before spending new year full Authorized By (Name/Title):			Date: July 9, 2016			
			loaded in	n GMAP. REMINDER: previous year funds should be spent and drav	<mark>vn</mark>		
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement						
13							
12	Consortia/Partnership Memb	NEW JULK I DEFAR IVIEW	UF E	-BUCATION			
	July 1, 2016 – September 30,	2018 KENTLICKY DEPARTMENT	or E	DUCATION			
6	Period of Award:		-				
3	\$11,172.00	SUCC	11	Evaluations:			
5	Award Amount:	ards in 2 CFR Part 200 and 3474.	11	Evaluations:			
		histrative Requirements, Cost Principles, and Audit	EDAG	DED FOR			
	_	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR					
4		CLB, Title III, Sections 3111-3141, Education Department					
			1	Other			
	Pass-through Number	3300002-16	•				
	MOA Number	N/A		Electronic Submission CDIP			
	MUNIS Project Number	345CI	10	Financial Reporting Method:			
	PR/AWARD NUMBER (FAIN)	S365A160017					
	CFDA#	84.365A					
	Fund Source	United States Department of Education		Other			
	Description	FY17 Title III - Immigrant		Quarterly			
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly			
	City, KT Zip	Transfert, RT 40001	9	Reimbursement Frequency:			
	City, KY Zip	Frankfort, KY 40601		Receipt of invoice from vendor			
	Budget Contact Street Address	Thelma Hawkins (502) 564-1979 ext. 4361 300 Sower Boulevard, 5th Floor		Lump Sum Receipt of Invoice from Vendor			
	Street Address	300 Sower Boulevard, 5th Floor	- 4/	Automatic Payment			
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement			
2	KDE Contact Information:	10V C	III -	Federal Cash Request			
			8	Method of Payment:			
	DUNS# 0163701	57					
		on, KY 11172		Other:			
	Street Address 25 E Seventh St			Federal			
_	Agency Name Covington Independent			State			
1	Name and Address of Recipient:		7	Fund Type:			

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name Fayette County			State State		
	Street Address 701 E Main St			🔀 Federa	I	
	City, State Zip Lexingto	n, KY 25140		Other:		
	DUNS# 0796768	354				
				Method of Pay	ment:	
2	KDE Contact Information:			🔀 Federa	l Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expend	liture Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Autom	atic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	1	Lump S	ium	
	Street Address	300 Sower Boulevard, 5th Floor		Receip	t of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	1			
			9	Reimbursemen	t Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Month Month	ly	
	Description	FY17 Title III - Immigrant		Quarte	rly	
	Fund Source	United States Department of Education		Other		
	CFDA#	84.365A				
	PR/AWARD NUMBER (FAIN)	S365A160017	7			
	MUNIS Project Number	345CI	10	Financial Repor	ting Method:	
	MOA Number	N/A		Electro	nic Submission CDIP	
	Pass-through Number	3300002-16				
				Other		
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Departi	ment			
	General Administrative Regul	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82,	, 2 CFR			
		nistrative Requirements, Cost Principles, and Audit	D			
		ards in 2 CFR Part 200 and 3474.	<i>PREPAR</i>	ED FOR		
5	Award Amount:	CIIC	11	Evaluations:		
	\$25,140.00	3 0 6		<b>3 3</b>		
6	Period of Award:					
	July 1, 2016 – September 30,	KENTULKI LEFAKTIV	ENT OF ED	UCATION		
12	Consortia/Partnership Memb					
13	_ =	ns: All funds must be spent or encumbered by Se			· · · · · · · · · · · · · · · · · · ·	
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement					
			ces uploaded in G	MAP. <mark>REMINDE</mark>	R: previous year funds should be spent and drawn	
	before spending new year fu					
14	Authorized By (Name/Title):			ate: July 8, 20	16	
		Division of Learning Services				

1	Name and Address of Recipient:		7	Fund Type:			
	Agency Name Jefferson County			State			
	Street Address PO Box 34020						
	City, State Zip Louisville	e, KY 65991		Other:			
	DUNS# 0629844	30					
			8	Method of Payment:			
2	KDE Contact Information:	21/6	7 10 .	Federal Cash Request			
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157	41/	Expenditure Reimbursement			
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment			
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	-	Lump Sum			
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor			
	City, KY Zip	Frankfort, KY 40601					
			9	Reimbursement Frequency:			
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly			
	Description	FY17 Title III - Immigrant		Quarterly			
	Fund Source	United States Department of Education		Other			
	CFDA#	84.365A					
	PR/AWARD NUMBER (FAIN)	S365A160017					
	MUNIS Project Number	345CI	10	Financial Reporting Method:			
	MOA Number	N/A		Electronic Submission CDIP			
	Pass-through Number	3300002-16					
	_		1	Other			
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department	11				
		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR					
	_	istrative Requirements, Cost Principles, and Audit					
		ards in 2 CFR Part 200 and 3474.	PAR	FD FOR			
5	Award Amount:		11	Evaluations:			
	\$65,991.00	SUCC		5 5			
6	Period of Award:		_				
	July 1, 2016 – September 30,	2018 KENTLICKY DEPARTMENT	or Er	DUCATION			
12	NENTOCKI DEPARTMENT OF EDUCATION						
13	Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018 and the final Federal Cash Request must be submitted by						
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement						
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawn						
	before spending new year fu	<u> </u>					
14	Authorized By (Name/Title):	•		<b>Date:</b> July 8, 2016			
		Division of Learning Services					

	· .	County		Ctata		
		S ,		State		
	Street Address 6165 W Hwy 146					
	City, State Zip Crestwo	od, KY 11109		Other:		
	DUNS# 0810152	32				
			8	Method of Payment:		
2	<b>KDE Contact Information:</b>	21/6		Federal Cash Request		
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157	HI)	Expenditure Reimbursement		
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment		
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	-	Lump Sum		
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601				
			9	Reimbursement Frequency:		
3	Description/Fund Source of A	Award and Fiscal Year:	1- D	Monthly		
	Description	FY17 Title III - Immigrant		Quarterly		
	Fund Source	United States Department of Education		Other		
	CFDA#	84.365A				
	PR/AWARD NUMBER (FAIN)	S365A160017	7			
	MUNIS Project Number	345CI	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3300002-16				
				Other		
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department				
	General Administrative Regula	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFF				
		istrative Requirements, Cost Principles, and Audit				
		ards in 2 CFR Part 200 and 3474.	<u>EPAR</u>	ED FOR		
5	Award Amount:	C II C C	11	Evaluations:		
	\$11,109.00	3 0 6 6		2 2		
	Period of Award:					
	July 1, 2016 – September 30,	KENTUCKI DEFARIMEN	OF E	UCATION		
	Consortia/Partnership Memb		ESCTO OF STATE			
1	•	· · · · · · · · · · · · · · · · · · ·		and the final Federal Cash Request must be submitted by	•	
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement					
			loaded in	MAP. REMINDER: previous year funds should be spent	and drawn	
	before spending new year fu					
14	Authorized By (Name/Title):	·		<b>Date:</b> July 8, 2016		
		Division of Learning Services				

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name Warren County			State		
	Street Address PO Box 51810					
	City, State Zip Bowling	Green, KY 18030		Other:		
	DUNS# 0861943	370				
				Method of Payment:		
2	KDE Contact Information:	Va.	CII.	Federal Cash Request		
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement		
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment		
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	· -	Lump Sum		
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	5-			
		- V	9	Reimbursement Frequency:		
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly		
	Description	FY17 Title III - Immigrant		Quarterly		
	Fund Source	United States Department of Education		Other		
	CFDA#	84.365A				
	PR/AWARD NUMBER (FAIN)	S365A160017	7			
	MUNIS Project Number	345CI	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3300002-16				
				Other		
4		CLB, Title III, Sections 3111-3141, Education Departm				
	_	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82,	2 CFR			
		nistrative Requirements, Cost Principles, and Audit	2			
		ards in 2 CFR Part 200 and 3474.	REPAR	ED FOR		
5	Award Amount:	C II C C	11	Evaluations:		
	\$18,030.00	3 0 6 6		3 3		
6	Period of Award:	2010	_			
42	July 1, 2016 – September 30,	RENIULKI LIZEFARINI	ENT OF ED	DUCATION		
12	Consortia/Partnership Memb					
13	•			8 and the final Federal Cash Request must be submitted by		
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and draw					
			ces uploaded in C	GMAP. REMINDER: previous year tunds should be spent and draw	wn	
1.0	before spending new year fu Authorized By (Name/Title):			Potos July 9, 2016		
14	Authorized by (Name/Title):			<b>Date:</b> July 8, 2016		
		Division of Learning Services				

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name Woodford County			State		
	Street Address 330 Pisgah Pk			∑ Federal		
	City, State Zip Versaille	s, KY 10454		Other:		
	DUNS# 1894890	057				
			8	Method of Payme	ent:	
2	KDE Contact Information:			🛚 Federal C	ash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157			ure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automati	c Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	1	Lump Sur	n	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt o	f Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	1			
			9	Reimbursement F	requency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly		
	Description	FY17 Title III - Immigrant		Quarterly	•	
	Fund Source	United States Department of Education		Other		
	CFDA#	84.365A				
	PR/AWARD NUMBER (FAIN)	S365A160017				
	MUNIS Project Number	345CI	10	inan <mark>cial Reporti</mark> i	ng Method:	
	MOA Number	N/A		Electroni	Submission CDIP	
	Pass-through Number	3300002-16				
				Other		
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Departr	ment	_		
		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82,	, 2 CFR			
		histrative Requirements, Cost Principles, and Audit	D			
		ards in 2 CFR Part 200 and 3474.	PREPAR	D FOR		
5	Award Amount:	C II C C	11	valuations:		
	\$10,454.00	3 0 6		3 3		
6	Period of Award:					
	July 1, 2016 – September 30,	RENIULKI LIFERKIN	ENT OF E	JCATION		
12	Consortia/Partnership Meml					
13	_ =	ns: All funds must be spent or encumbered by Se				
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement					
		perintendent and the Federal Cash Request Assuran	ces uploaded in O	MAP. <b>REMINDER</b>	previous year funds should be spent and drawn	
	before spending new year fu					
14	Authorized By (Name/Title):			ate: July 8, 2016		
		Division of Learning Services				